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Psychometric evaluation of the 12-Item Well-being Questionnaire (W-BQ12) for use with people with macular disease (MD).

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MD is a progressive condition of the eye which destroys central vision and mainly affects people over 50. New treatments for MD are being developed and evaluated and there is a need for reliable psychological outcome measures for use in clinical trials. We report the evaluation of the W-BQ12, a generic measure of well-being, a commonly included dimension in quality of life assessment.

The W-BQ12, widely used in diabetes and other chronic conditions, was incorporated in a cross-sectional questionnaire study of 2000 members of the Macular Disease Society (a British charity). Of 1420 (71%) responding, 975 were women, 436 men (9 unspecified); mean age 76 years. Mean duration of MD 7.34 years.

Unforced principal components analysis of the W-BQ12 elicited, as expected, 3 factors representing Positive Well-being, Negative Well-being and Energy subscales. Each subscale contains 4 items. All items loaded at > 0.5 on their intended factor. Cronbach's alphas were > 0.78 on each subscale. In a forced 1-factor solution all items loaded at > 0.5 and the Cronbach's alpha was 0.87, indicating reliability of the whole scale as a measure of General Well-being (GWB). Subgroup differences provided evidence of construct validity. As expected, participants who were registered blind or partially sighted showed poorer well-being than those not registered (GWB: $t=5.11$, $df=1311$, $p<0.001$). Further analysis showed that people who were dissatisfied with experiences with health professionals at the time of diagnosis showed significantly poorer well-being than those who were satisfied (GWB: $t=4.69$, $df=1277$, $p<0.001$). People experiencing hallucinations showed poorer well-being than those not experiencing them (GWB: $t=3.78$, $df=1083$, $p<0.001$).

The W-BQ12, with its Positive Well-being and Energy subscales, as well as the Negative Well-being subscale, will be valuable in measuring psychological benefits as well as psychological costs in rehabilitative and medical interventions.